

**JALIS USER ACCESS REQUEST FORM**

Navy Air Logistics Office

400 Russell Avenue, New Orleans, LA 70143

DSN: 678-5108/7207 COMM: 504-678-5108/7207

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PRIVACY ACT OF 1974 AS AMENDED. FOR OFFICIAL USE ONLY-PRIVACY SENSITIVE. ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES.

**PART A: APPLICANT'S INFORMATION**

1. Name (Last, First MI):	2. Rank/Rate/Grade:	3. SSN: XXX-XX-
4. PRD/EAOS:	5. E-Mail Address:	
6. Command Name and Mailing Address:	7. Command Phone Numbers: DSN:	
8. Command UIC:	COMM:	
9. JALIS Course Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", then Location: _____ Date: _____		
10. Has the applicant previously been designated a JALIS User for this or another command? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", annotate UIC: _____		

**\*\* APPLICANT UNDERSTANDS THAT JALIS IS AN OFFICIAL DOD PROGRAM. ANY MISUSE OF A GOVERNMENT PROGRAM CAN RESULT IN ADMINISTRATIVE ACTION AND/OR LOSS OF JALIS PRIVILEGES. \*\***

Applicant's Signature	Date:
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**PART B: COMMAND APPROVAL**

I AUTHORIZE THIS INDIVIDUAL TO BE A JALIS USER FOR THIS COMMAND.	Date:
Commanding Officer's Signature	

**PART C: ACCESS REQUIRED (For NALO use only)**

Scheduling Agency: <input type="checkbox"/> NALO <input type="checkbox"/> CTF-63 Air Logistics <input type="checkbox"/> CTF-53 Air Logistics <input type="checkbox"/> CFWP	User Permissions: <input type="checkbox"/> Requestor <input type="checkbox"/> Squadron <input type="checkbox"/> Scheduler <input type="checkbox"/> Read-Only	Management Tools: DASHBOARD (READ ONLY) <input type="checkbox"/> Scheduler <input type="checkbox"/> Squadron/Requestor/Terminal
NALO Systems/Training LPO (Print):	NALO Systems/Training LPO (Signature):	Date:

**\*\*Access to JALIS will be considered after receipt of this form and verification completed. \*\***